

FORM 4C: SITE PLAN APPLICATION

Date:

Applicant:

If a corporation, names of President and Principal Contact:

Mailing Address:

Telephone: FAX _____ E-Mail _____

Project Name and Address:

Proposed Use:

Acreage of Site: _____ Proposed Square Footage: _____

Plat: _____ Lot: _____ Zoning District: _____

Fee Submitted (make checks payable to the Town of Marion) \$
(Applicant will be responsible for advertising, mailing cost and review fees, if any)

ATTACHMENTS (Check all that are attached):

_____ Environmental Assessment

_____ Storm Water Drainage Assessment

_____ Site Plan Maps, identified by number and title: _____

_____ Abutters: Names and mailing addresses of all owners of record of all abutting properties within 300 feet of the property line.

_____ Other (specify) parking plan, interior layout plan, estimate traffic flow

_____ Other (specify) _____

Please list the names, addresses and phone numbers of the licensed professionals responsible for preparing the site plan:

1. _____

2. _____

3. _____

The Applicant hereby requests that the Planning Board proceed with Site Plan Review and Approval in accordance with Section 9 of the Zoning By-laws.

Signature of Applicant: _____ Date _____

Signature of Property Owner: _____ Date _____